

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 OCT 13 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L77182

1. Corporation Name:

JAMES E. WADE, III, P.A.

Principal Place of Business

116 Bushnell Plaza
Bushnell, Florida 33513

Mailing Address

116 Bushnell Plaza
Bushnell, Florida 33513

REINSTATEMENT

71-98
do

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

N/A

Suite, Apt. #, etc.

N/A

City & State

Bushnell, FL

Zip

33513

Country

USA

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

N/A

City & State

Bushnell, FL

Zip

33513

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

June 1, 1990

5. FEI Number

59-3010537

Applied for

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres.	James E. Wade, III	116 Bushnell Plaza	Bushnell, FL 33513
V.P.	James E. Wade, III	116 Bushnell Plaza	Bushnell, FL 33513
Sec/Tre	James E. Wade, III	116 Bushnell Plaza	Bushnell, FL 33513
Director	James E. Wade, III	116 Bushnell Plaza	Bushnell, FL 33513

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-10/19/98--01002--014
***1720.00 ***1720.00

8. Name and Address of Current Registered Agent

James E. Wade, III
116 Bushnell Plaza
Bushnell, FL 33513

9. Name and Address of New Registered Agent

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

James E. Wade

REGISTERED AGENT MUST SIGN

Date 10/09/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

James E. Wade

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/09/98
Date

(352) 793-2229
Daytime Phone #

CR020407-98